

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43285

FILED DEC 27 1950

REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 8074 Registrar's No. 184

1. PLACE OF DEATH a. COUNTY <u>Scott County</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u> c. LENGTH OF STAY (in this place) <u>2 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Delta Community Hospital</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>New Madrid</u> d. STREET ADDRESS (If rural, give location) <u>219 Millington Rd.</u>		
3. NAME OF DECEASED a. (First) <u>Ed</u> b. (Middle) <u>—</u> c. (Last) <u>HAYES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 27-50</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>DEC 9-1897</u>		9. AGE (In years last birthday) <u>53</u>		10. IF UNDER 1 YEAR: Months <u>—</u> Days <u>—</u> Hours <u>—</u> Mins. <u>—</u>	
11. BIRTHPLACE (State or foreign country) <u>Pickens, Miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>unk</u>	
14. MOTHER'S MAIDEN NAME <u>unk</u>		15. NAME OF HUSBAND OR WIFE <u>Ethel (Harris) Hayes</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		18. IF YES, give war or dates of service: <u>no</u>		19. INFORMANT'S SIGNATURE OR NAME <u>Ethel Hayes</u> ADDRESS <u>New Madrid Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u> ANTECEDENT CAUSES DUE TO (b) <u>Coliculus ileum</u> DUE TO (c) <u>Adhesions, intestinal</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: <u>Bladder Stone, Arterio sclerosis, Aberrant artery R Kidney</u>		INTERVAL BETWEEN ONSET AND DEATH <u>52 hrs</u> <u>5703</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Coliculus ileum, intestinal adhesions</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11:26</u> , 19 <u>50</u> , to <u>11:27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11:27</u> , 19 <u>50</u> , and that death occurred at <u>8:45 PM</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Malcolm J. Shigerson, M.D.</u> (Degree or title)		23b. ADDRESS <u>217 S. Kingshighway</u>		23c. DATE SIGNED <u>12-4-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/3/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SANDHILL</u>	
24d. LOCATION (City, town, or county) (State) <u>NEW MADRID, MO</u>		24e. DATE REC'D BY LOCAL REG. <u>Dec. 18. 50</u>		24f. REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	
24g. FUNERAL DIRECTOR'S SIGNATURE <u>Richard G. UND T Co</u>		24h. ADDRESS <u>NEW MADRID</u>		24i. (Licensed Embalmer's Statement on Reverse Side)	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

Signed .....  
Student Embalmer

Licensed Embalmer No. 3803

P. O. Address New Madrid - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.